

EXHIBIT 4

GWENDOLYN GUY

7 psp w/co

Δ π EXHIBIT 6	
Deponent	Tobin
Date	3/10/03 CS
WWW.DEFOBOOK.COM	

FROM:

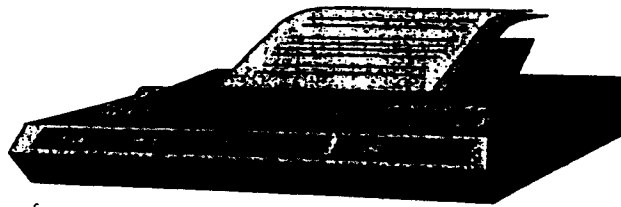
BRUCE NUSSBAUM

8-459-7676

GWEN - PLEASE PROCESS THE
TWO DIGIPATHS FOR PHOENIX
IF YOU NEED ANYTHING PLEASE
CALL JONATHAN FRANCES AT
8.459-7954 OR CALL ME
AT MY HOME 301 948-5036. I
AM MOVING TODAY SO IT MAY
BE VERY DIFFICULT TO GET IN
TOUCH.
THANKS
Bruce

Greater Washington CBU

1301 K STREET NW , SUITE 300 WEST WASHINGTON, DC 20005 202-962-7878



DATE: 10/8/99 NUMBER OF PAGES: 3

TO: Pattie ~~to~~ Woliver

FAX NUMBER: 8 - 736 - 2620

FROM: Jonathan Frances

TELEPHONE #: 8* 459-7954

COMMENTS:

Here are the changes. Thanks for
everything.



LEASE AGREEMENT

THE DOCUMENT COMPANY
XEROX

Customer's Legal Name (Bill to) PHOENIX COLOR CORP. Check all that apply
 Name Overflow (if needed) 22977 EAGLEWOOD CT Tax Exempt (Certificate Attached) ☐
 Street Address STERLING, VA ☐ Assoc./Coop. Name: _____
 Box#/Routing _____ ☒ Negotiated Contract #: 070716806
 City, State 20166 ☐ Attached Customer P.O. #s: _____
 Zip Code _____ Lease: _____
 Tax ID# _____ ☐ State or Local Government Customer
 Int. Rate: _____ % Total Int. Payable: \$ _____
 Customer Name (Install) PHOENIX COLOR ☐ Replacement/Modification of Prior Xerox Agreement
 Name Overflow (if needed) _____ Agreement covering Xerox Equipment Serial# (or 95#): _____
 Installed at Street Address 18249 PHOENIX DR is hereby ☐ modified. ☐ replaced. Effective Date: 1/1/99
 Floor/Room/Routing _____ Comments: _____
 City, State HAGERSTOWN MD Lease Information
 Zip Code 21742 Lease Term: 60 months
 County Installed In _____ ☐ Supplies included in Base/Print Charges
 Customer Requested Install Date 9/29/99 ☐ Refin. of Prior Agm't.: ☐ Xerox (95#) ☐ 3rd Party Eq.
 Amt Refin: \$ _____ Int Rate: _____ % Total Int. Payable: \$ _____

Lease Payment Information

Product (with serial number, if in place equipment)	Purchase Option	Down Payment	Prev Install	Fin'l Intern	Cust Install
(1) SIGIPATH (1) T415 PAIR	\$ FMV	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(1) DIGIPCA	\$ FMV		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(1) ADDSCAN-A	\$ FMV		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(1) OPTICAL-A	\$ FMV		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(1) MRTBL	\$ FMV		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
\$ 1951 - MINIMUM MONTHLY LEASE PAYMENT (excl. of applic. taxes)					

Price Information

☐ Adjustment Period

Period A - Mos. Affected:			Period B - Mos. Affected:		
Monthly Base Charge	\$ 1951	Monthly Base Charge	Monthly Base Charge	\$	
Print Charge Meter 1:		Print Charge Meter 1:	Print Charge Meter 1:		
Prints 1 - ∞	\$ 0	Prints 1 -	Prints 1 -	\$	
Prints -	\$	Prints -	Prints -	\$	
Prints -	\$	Prints -	Prints -	\$	
Print Charge Meter 2:		Print Charge Meter 2:	Print Charge Meter 2:		
Prints 1 -	\$	Prints 1 -	Prints 1 -	\$	
Prints -	\$	Prints -	Prints -	\$	
Mo. Min.# of Prints (based on Meter 1 Print Charges):		Mo. Min.# of Prints (based on Meter 1 Print Charges):	Mo. Min.# of Prints (based on Meter 1 Print Charges):		

☐ Purchased Supplies ☐ Cash ☐ Financed ☐ Contract#

Reorder #	Qty	Description	Price
			\$
			\$
			\$
			\$
		Total Price =	\$

☐ Application Software

Software Title	Initial License Fee	Annual Renewal Fee
	<input type="checkbox"/> Cash <input type="checkbox"/> Finance	<input type="checkbox"/> Support Only
	\$	\$
	\$	\$
	\$	\$
Total Initial License Fees =	\$	

☐ Trade-In Allowance Final Principal Payment#

Manufacturer	Model/Serial #	Allowance
		\$
		\$
		\$
		\$
		Total Allowance =

Total Allowance Applied to: ☐ Trade-In Equipment Balance: \$
☐ Price of Replacement Equip.: \$☐ K-16 Billing

Suspension

(check 1 as required)

Months affected

☐ June only☐ July only☐ August only☐ June - July☐ July - August

Additional Options (check all that apply)

☐ Run Length Plan ☐ Fixed Price Plan☐ Per-Foot Pricing☐ Extended Service Hours:

Description: _____ /S _____ mo.

☐ Comp. Replacement Program: \$☐ Attached Addenda

form# _____ () form# _____

Agreement Presented By:

Name BRUCE HUSSEIN Phone 202 962 2676

Xerox Corporation - Acceptance By:

Name _____ Date _____

Signature _____

Form 51860 (10/97)

Customer:

Name Don Tyler Phone 703 934 1111Title V.P. PHOENIX COLOR Date 9/27/99

Signature _____

★ ★ DOTTED AREAS ★ ★
To be completed by the Sales CBR.
All other areas to be completed by the Sales Rep.

ORDER AGREEMENT INTERNAL DOCUMENT

THE DOCUMENT COMPANY
XEROX

Customer Number 098663859	95 Customer Number	Sale Range Worksheet/Unit 3147651 2	Product DIGIPATH	Order Number
Customer Name TECHNICAL/PROVEN	Order Entry Loc	Install Rep Loc	Order Emp # 959496	Install Emp # AGBIWL
Sale Price List #	Maint. Price List # / Plan Description	Rental Price List #	Applicable Marketing Guide Article(s) #	Data Unit CPAS
Config. Override	Override Data Unit	Commission Waiver Code	Network ID	Pooling ID
			Pooling ID / Type (not CPC related)	

Tax Exempt <input type="checkbox"/> Yes <input type="checkbox"/> No	Tax Codes State: County: City:	Tax Overrides <input type="checkbox"/> PT&D <input type="checkbox"/> P&A <input type="checkbox"/> Rent <input type="checkbox"/> Sale <input type="checkbox"/> Other	Geo Code State: County: City:
Standard Industrial Code (SIC)	Install Establishment #	Nature of Business PRINTING	Years in Business XNAC

METER READS (in place equipment)	NUMBER OF EMPLOYEES at the Customer's Location	State and Local Contract Fed. Gov't Contract #	CUSTOMER INVOICING REQUIREMENTS (check all that apply)
1. _____	1. <input type="checkbox"/> 1-9 5. <input checked="" type="checkbox"/> 100-499	<input type="checkbox"/> Government Firm Contract Option	<input type="checkbox"/> Outbound <input type="checkbox"/> Inbound <input type="checkbox"/> RIC
2. _____	2. <input type="checkbox"/> 10-19 6. <input type="checkbox"/> 500-999	<input type="checkbox"/> Government Fiscal Year Option	<input type="checkbox"/> Meter Collection <input type="checkbox"/> Fax <input type="checkbox"/> Meter Cards
3. _____	3. <input type="checkbox"/> 20-49 7. <input type="checkbox"/> 1000-1499	Government Fiscal Year Begins:	<input type="checkbox"/> Single Invoicing <input type="checkbox"/> Electronic Invoicing
4. _____	4. <input type="checkbox"/> 50-99 8. <input type="checkbox"/> 1500-2499		<input type="checkbox"/> Summary Invoicing <input type="checkbox"/> Electronic Funds Transfer
5. _____	9. <input type="checkbox"/> 2500+		<input type="checkbox"/> Finance Summary <input type="checkbox"/> EBS
			Statement Invoicing Link #

Supplies Automatic Replenishment Print Volume Adj. *Required for Supplies Included Machines	Supplies Automatic Replenishment Ship-To Address
<input type="checkbox"/> Estimated Print Volume (EMCV)	*Required for Supplies Included Machines
<input type="checkbox"/> Monthly Print Volumes (fill in all months)	<input type="checkbox"/> Same as Install Address <input type="checkbox"/> Ship-To Address Below
Jan _____ Feb _____ Mar _____ Apr _____	Attn Name _____
May _____ Jun _____ Jul _____ Aug _____	Contact Name _____
Sep _____ Oct _____ Nov _____ Dec _____	Phone _____
	Special Delivery Instructions: _____

Delivery / Installation Requirements	
Delivery Contact: DON TYLER	Phone: 1 800 632 4111 Ext. 5099
Alternate Delivery:	Phone: _____ Ext. _____
Survey Contact: DON TYLER	Phone: 703 834 1111 Ext. _____

Delivery Location/Department:	Floor #:	Room #:	Flooring: <input type="checkbox"/> Carpet <input type="checkbox"/> Tile <input type="checkbox"/> Marble <input type="checkbox"/> Other
Delivery Entrance: <input type="checkbox"/> Front <input type="checkbox"/> Back <input type="checkbox"/> Side	Delivery Hours 7AM To 5PM	Doorway Width	RIC/FAX#

<input checked="" type="checkbox"/> Loading Dock Elevator: <input type="checkbox"/> Passenger <input type="checkbox"/> Freight <input type="checkbox"/> Upend Required? <input type="checkbox"/> Rails Needed? <input type="checkbox"/> Staircrawler <input type="checkbox"/> Tech. Rep. <input type="checkbox"/> Steps # Landings # <input type="checkbox"/> Space Ready? <input type="checkbox"/> Site Cleared? <input type="checkbox"/> Supplies Ordered <input type="checkbox"/> Stand / Table Required? <input type="checkbox"/> In place equipment / furniture needs to be moved prior to delivery? <input type="checkbox"/> Telephone Line Ready? <input checked="" type="checkbox"/> Electricity / Receptacle Ready Power Cord Type Volts Amps <input type="checkbox"/> 20 Amp Receptacle To Customer Customer 20 Amp Receptacle installed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Customer acknowledges request to be billed for Xerox Service Installation charges on customer installable equipment? <input type="checkbox"/> Software <input type="checkbox"/> DTR Site Verification required? <input type="checkbox"/> Obstruction / obstacles in the delivery path? If checked, explain in space to the right. <input type="checkbox"/> Installation Preparation Document reviewed? <input type="checkbox"/> Customer Satisfaction Checklist Completed?	- NOTES - PLEASE PROCESS SHIP ASAP
---	---

<input type="checkbox"/> Pick up trade unit at same time as delivery? Date: _____	ERC Code: _____	<input type="checkbox"/> Repack Kit?
Make: _____	Model: _____	Serial Number: _____
Competitive Equipment Replacement Tag#		

★ ★ EXCEPTION APPROVALS SHOULD BE OBTAINED BY SALES REP PRIOR TO SUBMITTING ORDER TO CBR ★ ★

Check all that apply: <input type="checkbox"/> Competitive Trade-In Range Extension Promotion <input type="checkbox"/> XTI / CTI / CRP Headquarters Exception Approval <input type="checkbox"/> Waiver of Rental ETCs <input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____	Signatures below indicate approval for the items checked on the left CBU Manager, Sales Operations _____ Date _____ CBU Controller _____ Date _____
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★ ★ DOTTED AREAS ★ ★
To be completed by the Sales CBR.
All other areas to be completed by the Sales Rep.

ORDER AGREEMENT INTERNAL DOCUMENT

THE DOCUMENT COMPANY
XEROX

Customer Number <u>0981663859</u>	95 Customer Number	Sale Range Worksheet/Unit <u>8368651 2</u>	Product <u>DIGIPATH</u>	Order Number
Customer Name <u>TECHNIGRAPHIX/PHOENIX</u>	Ordermaker Loc	Install Rep Loc	Order Emp # <u>959496</u>	Install Emp # <u>AGBIUX</u>
Warr Mos	Equip BCD	Maint. BCD		
Sale Price List #	Maint. Price List # / Plan Description	Rental Price List #	Applicable Marketing Guide Article(s) #	Data Unit <u>CPAS</u>
Config. Override	Override Data Unit	Commission Waiver Code	Network ID	Pooling ID
			Pooling ID / Type (not CPC related)	

Tax Exempt <input type="checkbox"/> Yes <input type="checkbox"/> No	Tax Codes State: County: City:	Tax Overrides <input type="checkbox"/> PT&D <input type="checkbox"/> P&A <input type="checkbox"/> Rent <input type="checkbox"/> Sale <input type="checkbox"/> Other	Geo Code State: County: City:
Standard Industrial Code (SIC)	Install Establishment #	Nature of Business <u>PRINTING</u>	Years in Business XNAC

METER READS (in place equipment)	NUMBER OF EMPLOYEES at the Customer's Location	State and Local Contract <input checked="" type="checkbox"/> Fed. Gov't Contract # <input type="checkbox"/> Government Firm Contract Option <input type="checkbox"/> Government Fiscal Year Option Government Fiscal Year Begins: _____	CUSTOMER INVOICING REQUIREMENTS (check all that apply)
1. _____ 2. _____ 3. _____ 4. _____ 5. _____	1. <input type="checkbox"/> 1-9 5. <input checked="" type="checkbox"/> 100-499 2. <input type="checkbox"/> 10-19 6. <input type="checkbox"/> 500-999 3. <input type="checkbox"/> 20-49 7. <input type="checkbox"/> 1000-1499 4. <input type="checkbox"/> 50-99 8. <input type="checkbox"/> 1500-2499 9. <input type="checkbox"/> 2500+		<input type="checkbox"/> Outbound <input type="checkbox"/> Inbound <input type="checkbox"/> RIC <input type="checkbox"/> Meter Collection <input type="checkbox"/> Fax <input type="checkbox"/> Meter Cards <input type="checkbox"/> Single Invoicing <input type="checkbox"/> Electronic Invoicing <input type="checkbox"/> Summary Override <input type="checkbox"/> Summary Invoicing <input type="checkbox"/> Electronic Funds Transfer <input type="checkbox"/> Finance Summary <input type="checkbox"/> EBS Statement Invoicing <input type="checkbox"/> IMI Code Link # _____

Supplies Automatic Replenishment Print Volume Adj.

*Required for Supplies Included Machines

☐ Estimated Print Volume (EMCV)☐ Monthly Print Volumes (fill in all months)

Jan	Feb	Mar	Apr
May	Jun	Jul	Aug
Sep	Oct	Nov	Dec

Supplies Automatic Replenishment Ship-To Address

*Required for Supplies Included Machines

☐ Same as Install Address☐ Ship-To Address Below

Attn Name _____

Contact Name _____

Phone _____

Special Delivery Instructions: _____

Delivery / Installation RequirementsDelivery Contact: DON TYLERPhone: 1 800 632 4111Ext. 5055

Alternate Delivery: _____

Phone: _____

Ext. _____

Survey Contact: DON TYLERPhone: 703 834 1111

Ext. _____

Delivery Location/Department: _____ Floor #: _____ Room #: _____ Flooring: ☐ Carpet ☐ Tile ☐ Marble ☐ OtherDelivery Entrance: ☐ Front ☐ Back ☐ SideDelivery Hours 7AM To 5PM

Doorway Width

RIC/FAX#

☒ Loading Dock Elevator: ☐ Passenger ☐ Freight ☐ Upend Required? ☐ Rails Needed? ☐ Staircrawler ☐ Tech. Rep.☐ Steps # _____ Landings # _____ ☐ Space Ready? ☐ Site Cleared? ☐ Supplies Ordered ☐ Stand / Table Required?☐ In place equipment / furniture needs to be moved prior to delivery? ☐ Telephone Line Ready?☒ Electricity / Receptacle Ready Power Cord Type _____ Volts _____ Amps☐ 20 Amp Receptacle To Customer Customer 20 Amp Receptacle installed? ☐ Yes ☐ No☐ Customer acknowledges request to be billed for Xerox Service Installation charges on customer installable equipment? ☐ Software☐ DTR Site Verification required? ☐ Obstruction / obstacles in the delivery path? If checked, explain in space to the right.☐ Installation Preparation Document reviewed?☐ Customer Satisfaction Checklist Completed?☐ Pick up trade unit at same time as delivery? Date: _____

ERC Code: _____

☐ Repack Kit?

Make: _____

Model: _____

Serial Number: _____

Competitive Equipment Replacement Tag#

★ ★ EXCEPTION APPROVALS SHOULD BE OBTAINED BY SALES REP PRIOR TO SUBMITTING ORDER TO CBR ★ ★

Check all that apply:

☐ Competitive Trade-In Range Extension Promotion☐ XTI / CTI / CRP Headquarters Exception Approval☐ Waiver of Rental ETCs☐ Other _____☐ Other _____☐ Other _____

Signatures below indicate approval for the items checked on the left

CBU Manager, Sales Operations

Date

CBU Controller

Date

- NOTES
PLEASE PROCESS
AND SHIP ASAP